Goal D: Promote Equitable Access
Objective: 01 To provided maternal child and health services

**Outcome: 01 Number of infant deaths per thousand live births (infant mortality rate*)*

Short Definition: The number of deaths of Texas resident infants (under 1 year of age) in a given calendar year divided by the number of live births to Texas residents during the same period. This figure is then multiplied by 1000 to give the number of infant deaths per 1000 live births.

Purpose/Importance: Measures the infant mortality rate.

Source/Collection of Data: The data source is the Texas Vital Statistics Annual Report, Texas Department of Health.

Method of Calculation: The number of deaths of Texas resident infants (under 1 year of age) in a given calendar year divided by the number of live births to Texas residents during the same period. This figure is then multiplied by 1000 to give the number of infant deaths per 1000 live births.

Data Limitations: Information to calculate the infant mortality rate is collected from birth and death certificates by TDH's Bureau of Vital Statistics. The data has a two-year time lag (i.e., the number is calculated by using data from a calendar year two years prior).

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   04 - 01 – 01

Outcome: 02 Percentage of low birth weight births

Short Definition: The number of Texas resident live births in a given calendar year with a birth weight less than 5lbs., 9oz., divided by the number of live births to Texas residents during the same period.

Purpose/Importance: Measures the percentage of low birthweight births.

Source/Collection of Data: The data source is the Texas Vital Statistics Annual Report, Texas Department of Health. Information to calculate the percentage is collected from birth certificates by TDH'S Bureau of Vital Statistics.

Method of Calculation: The number of Texas resident live births in a given calendar year with a birth weight less than 5lbs., 9oz., divided by the number of live births to Texas residents during the same period. This figure is then multiplied by 100.

Data Limitations: The data has a two-year time lag (i.e., the percentage is calculated by using data from a calendar year two years prior.)

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   04 - 01 – 02

Outcome: 03 Percent of women and adolescents receiving family planning services

Short Definition: Percent of women and adolescents receiving family planning services.

Purpose/Importance: Measures the percent of women and adolescents receiving family planning services.

Source/Collection of Data: The source of the data is the National Heritage Insurance Company report.

Method of Calculation: The number of unduplicated women and teens served through Title X, XIX, and/or XX funding, divided by the number of women-in-need (age 20-44 with incomes at or below 150% of the federal poverty level "FPL") and adolescents-in-need (all females ages 13-19 below 150% of the FPL and half of all females ages 13-19 above 150% of FPL).

Data Limitations: There is a two-year time lag in the data for the denominator, which contains number of women-and adolescent-in-need (i.e., the denominator is obtained by using data from a fiscal year two years prior).

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   04 - 01 – 03

Outcome: 04 Number of pregnant females age 13-19 per thousand (adolescent pregnancy rate)

Short Definition: Number of pregnant females age 13-19 per thousand (adolescent pregnancy rate).

Purpose/Importance: Indicates the adolescent pregnancy rate in the state.

Source/Collection of Data: Information to calculate the number of pregnancies is collected and compiled from birth certificates, fetal death certificates, and reports of induced terminations of pregnancies by TDH's Bureau of Vital Statistics. The population data originate from the State Data Center, Department of Rural Sociology, Texas A&M University, and are provided by TDH's Bureau of State Health Data and Policy Analysis.

Method of Calculation: The number of pregnancies (fetal deaths + induced terminations of pregnancy + live births) to Texas female residents aged 13-19 in a given calendar year divided by the total female population aged 13-19 during the same period. This figure is then multiplied by 1000 to give the number of pregnancies per 1000 women aged 13 to 19.

Data Limitations: The data has a two-year time lag (i.e., the number is calculated by using data from a calendar year two years prior).

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   04 - 01 – 04

Outcome: 05 Perinatal mortality rate

Short Definition: Fetal deaths and neonatal deaths per 1000 live births and fetal deaths to Texas residents.

Purpose/Importance: Measures the fetal deaths and neonatal deaths per 1000 live births and fetal deaths to Texas residents.

Source/Collection of Data: Texas Vital Statistics Annual Report, TDH Bureau of Vital Statistics.

Method of Calculation: The number of fetal deaths plus neonatal deaths in a given calendar year is divided by the live births plus fetal deaths in the same year. This figure is then multiplied by 1000 to arrive at the perinatal mortality rate (PMR). The fetal deaths are defined as the number of deaths with a gestation of 20 weeks or more. The neonatal deaths are defined as the number of infants who die prior to the 28th day of life.

Data Limitations: The data has a two-year time lag (i.e., the rate is calculated by using data from a calendar year two years prior).

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   04 - 01 - 05

Outcome: 06 Percent reduction in the number of births to adolescents age 13-17 in communities funded for abstinence education programs of children who participate in program

Short Definition: Reduction in the number of births to adolescents age 13-17 in communities funded for abstinence education programs of children who participate in program.

Purpose/Importance: The data sources are the Texas Department of Health, Bureau of Vital Statistics, Texas Vital Statistics Annual Report and Natality Statistical Data Files, and the Texas Education Agency, School Enrollment Census Database.

Source/Collection of Data: Measures reduction of births to adolescents age 13-17 in communities funded for abstinence education.

Method of Calculation: The percent reduction in the number of births will be based on the relative percent reduction in the birth rate for females aged 13 through 17 in communities where Abstinence Education Programs are funded. It will be calculated by dividing the difference between the average birth rate in program communities in two successive periods, the most recent complete calendar year and the preceding calendar year, by the average birth rate from the preceding calendar year. This quotient is then multiplied by 100. A negative product will indicate a decrease in the birth rate. The birth rate for program communities is defined as the number of live births in a program community divided by the number of females aged 13 through 17 enrolled in school in a program community multiplied by 1,000. A program community is an area bounded by a zip code where residents of that are being served by a contracting entity receiving funds under Section 510 of Title V of the Social Security Act.

Data Limitations: Data from these sources have a one-year time lag (i.e., the percentage is calculated by using data from the calendar year one year prior).

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   04 - 01 – 06

Strategy: 04-01-01 Women and Children's Health Services

Output: 01 Number of Infants and Children Age 1-20 Provided Services

Short Definition: This measure reports the number of infants < 1 and children (ages 1 through 20) receiving prenatal, family planning, and preventive/primary child health services through regional clinics and contracting agencies funded with Title V
and/or related general revenue.

Purpose/Importance: This measure reports the number of infants < 1 and children (ages 1 through 20) receiving prenatal, family planning, and preventive/primary child health services through regional clinics and contracting agencies funded with Title V and/or related general revenue.

Source/Collection of Data: ICES (Integrated Client Encounter System) reporting system and the WCHIPS (Women & Children Individual Program Services) monthly reports for the contracting agencies. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific date source used will be noted in supporting documentation.

Method of Calculation: Reported data is calculated by adding the number of clients reported on the ICES (Integrated Client Encounter System) reporting system for regional clinics, and the WCHIPS (Women & Children Individual Program Services) monthly reports for the contracting agencies. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific date source used will be noted in supporting documentation. Measure definition will be updated to incorporate data from new systems/sources used in calculations.

Data Limitations: Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available. Estimates are updated in the subsequent reporting periods.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076-R 04-01-01 OP 1

Output: 02 Number of Women Provided Services

Short Definition: This measure reports the number of women aged > 21 and over receiving prenatal and/or family planning services through regional clinics and contracting agencies funded with Title V and/or related general revenue.

Purpose/Importance: This measure reports the number of women aged > 21 and over receiving prenatal and/or family planning services through regional clinics and contracting agencies funded with Title V and/or related general revenue.

Source/Collection of Data: This measure reports the number of women aged > 21 and over receiving prenatal and/or family planning services through regional clinics and contracting agencies funded with Title V and/or related general revenue.

Method of Calculation: Reported data is calculated by adding the number of clients reported on the ICES (Integrated Client Encounter System) reporting system for regional clinics, and WCHIPS (Women & Children Individual Program Services) monthly reports for the contracting agencies. Other automated systems may replace the current systems. The

data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation. Measure definition will be updated to incorporate data from new systems/sources used in calculations.

Data Limitations: Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available. Estimates are updated in the subsequent reporting periods.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076-R 04-01-01 OP 2

Strategy: 04-01-02 Family Planning

Efficiency: 01 Average annual cost per family planning client

Short Definition: This average annual cost is the total allocation of funds provided through Titles X, XIX, and XX expended for paid family planning claims divided by the unduplicated number of clients receiving family planning services from contracting and/or enrolled entities.

Purpose/Importance: Measures average annual cost per family planning client.

Source/Collection of Data: Data sources are Compass 21 data and billing system.

Method of Calculation:. This average annual cost is the total allocation of funds provided through Titles X, XIX, and XX expended for paid family planning claims divided by the unduplicated number of clients receiving family planning services from contracting and/or enrolled entities. Unduplicated clients include only those claims paid for under Titles X, XIX family planning, and XX. This measure does not include all Medicaid managed care family planning claims.

Data Limitations: Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on available data. Estimates are updated in subsequent reporting periods. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   04 - 01 - 02   EF 01

Output: 01 Number of persons receiving family planning services

Short Definition: This measure captures the number of persons receiving a family planning services by any contracting and/or enrolled entity funded through Titles X, XIX family planning, or XX per quarter.

Purpose/Importance: This measure captures the number of persons receiving a family planning service by any contracting and/or enrolled entity funded through Titles X, XIX family planning, or XX per quarter.

Source/Collection of Data: Compass 21 data and billing system.

Method of Calculation: This measure captures the number of persons receiving a family planning service by any contracting and/or enrolled entity funded through Titles X, XIX family planning, or XX per quarter. The total number of persons receiving a family planning services will be the unduplicated count of individuals whose claims were paid for through Title X, XIX Family Planning, and XX funds each state fiscal year. This measure does not include all Medicaid managed care family planning clients.

Data Limitations: Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the available data. Estimates are updated in subsequent reporting periods. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   04 - 01 - 02   OP 01

Strategy: 04-01-03 Children with Special Health Care Needs (CIDC)

Efficiency: 01 Average medical cost per Children with Special Health Care Needs (CIDC) case

Short Definition: This measure reports the average cost of medical and related services paid as part of the services to eligible Children with Special Health Care Needs (CIDC) clients.

Purpose/Importance: It is used to monitor trends in the cost of care for the clients receiving services reimbursed by the CSHCN (CIDC) program.

Source/Collection of Data: Service payment data (i.e., cost) of medical and related services and the number of clients receiving services are obtained from the CSHCN (CIDC) database, the Vendor Drug program's "Pharmaceutical Rebate Information Management System" (PRIMS) and the Medical Transportation program's "Transportation's Electronic Journal for Authorized Services" (TEJAS) system for the reporting period. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

Method of Calculation: The medical cost per CSHCN (CIDC) client is calculated by dividing the amount paid for medical and related services by the number of CSHCN (CIDC) clients who received medical and related services. Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available.

Data Limitations: The paid claims data reported is based on the date of service; providers have 90 days to file claims from the date of service. Providers have 180 days to submit appeals. Therefore, payment data for a given period may change through time.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   04 - 01 - 04   EF 01

Output: 01 Number of children with special health care needs receiving case management services

Short Definition: This measure reports the number of children with special health care needs and their families who receive assistance in gaining access to CSHCN (CIDC) services.

Purpose/Importance: This measure reports the number of children with special health care needs and their families who receive assistance in gaining access: to necessary medical, social, educational and other services to reduce morbidity and mortality in children; to encourage cost-effective health and health related care; to make referrals to appropriate providers and community resources; and to discourage over utilization and duplication of services.

Source/Collection of Data: The number of children receiving case management services is derived from the Monthly Regional Caseload Reports provided to the Texas Department of Health (TDH) central office by the CSHCN (CIDC) regional program directors and quarterly reports provided by agencies or entities contracted to provide case management services.

Method of Calculation: The number of children with a case manager reported by the regional offices plus the number of children served by contractors is summed to obtain the number of CSHCN (CIDC) receiving case management services. A child is considered as receiving case management services when a case manager has been assigned to the child and has

his or her family and services have been offered. Children receiving moderate or intensive case management services additionally have received: an assessment to ascertain the level of needed services; an individual service plan, which has been developed with the family; and coordinated services that have been specified in the plan.

Data Limitations: The caseload data reported by regional staff and contractors represents the current active clients receiving intensive, moderate, or monitoring (administrative) case management services. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems. Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   04 - 01 - 04   OP 01

Output: 02 Number of paid hospital days for Children with Special Health Care Needs (CIDC) clients

Short Definition: This measure reports the number of paid days of inpatient hospital or inpatient rehabilitation care received by clients of the Children with Special Health Care Needs (CIDC) program.

Purpose/Importance: This measure reports the number of paid days of inpatient hospital or inpatient rehabilitation care received by clients of the Children with Special Health Care Needs (CIDC) program.

Source/Collection of Data: The number of paid inpatient hospital days and inpatient rehabilitation days is obtained from the Texas Department of Health (TDH) CSHCN (CIDC) database for the reporting period. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation. Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available.

Method of Calculation: The paid claims data reported are based on the claim end date of service.

Data Limitations: Providers have 90 days to file claims from the end date of service. Providers have 180 days to submit appeals. Therefore, payment data for a given period may change through time. Limitations related to this measure include: variance in the number of hospital days may occur since the medical needs of CSHCN (CIDC) vary widely; technology changes and increasing emphasis on outpatient treatment have changed the use of inpatient settings; the existence of private insurance for some CSHCN (CIDC) may affect the number of days [CSHCN (CIDC) is the payer of last resort]; and access to earlier or preventive care may prevent hospitalization of children.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   04 - 01 - 04   OP 02

Strategy: 04-01-04   Abstinence Based Education

Output: 01 Number of persons served in abstinence education programs

Short Definition: Number of Persons receiving services delivered by any contracting entity receiving funds under Section 510 of Title V of the Social Security Act.

Purpose/Importance: Measures the number of persons served in abstinence education programs.

Source/Collection of Data: The data source is the annual and quarterly workload reports from contracting entities, and tracked by the TDH Abstinence Education Data Tracking System.

Method of Calculation: The total number of persons served will be the unduplicated count of individuals receiving services from each contracting entity during each state fiscal year.

Data Limitations: Due to the lack of historical data, projecting accurate reasonable targets is difficult. We anticipate our targets to improve over time. Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on available data.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   04 - 01 - 05   OP 01

Objective: 02 To provide health care-eligible indigent patients with a primary provider

Outcome: 01 Percent of COPC primary health care (PHC) eligible indigent patients provided access to primary care services

Short Definition: The percent of COPC Primary Health Care (PHC) eligible indigent patients provided access to primary care services is an unduplicated number of patients who are screened and found eligible for PHC services divided by the target population of the PHC program (calculation methodology is published in the Primary Health Care Program's annual report). Eligible indigent patients are Texas residents who are at or below 150% of poverty and are not eligible or potentially eligible for other programs that provide the same services.

Purpose/Importance: Measures percent of COPC primary care (PHC) eligible indigent patients provided access to primary care services.

Source/Collection of Data: The sources for this measure are the contractor quarterly and annual reports, and the Primary Health Care Program annual report from the previous fiscal year.

Method of Calculation: The percent of COPC Primary Health Care (PHC) eligible indigent patients provided access to primary care services is an unduplicated number of patients who are screened and found eligible for PHC services divided by the target population of the PHC program (calculation methodology is published in the Primary Health Care Program's annual report). Fourth quarter estimates are based on the proportion of the fourth quarter of the previous fiscal year contributed to the entire closed out fiscal year.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R 04 - 03 – 01

Outcome: 02 Ratio of primary care practitioners to population for rural counties

Short Definition: This measure provides the ratio of primary care practitioners (i.e., physicians, physician assistants, advanced nurse practitioners (ANP), and certified nurse midwives) to population of 100,000 in rural (i.e., non-metropolitan) counties.

Purpose/Importance: It indicates the availability and accessibility of primary care practitioners in the 196 rural Texas counties.

Source/Collection of Data: The data sources are the Texas Board of Medical Examiners and the Texas Board of Nurse Examiners, which supply the county licensure data for primary care practitioners, and the U.S. Census Bureau, which supplies the population data.

Method of Calculation: The calculation of the ratio is the total number of primary care practitioners in the 196 rural counties divided by the total population of the 196 rural counties multiplied by 100,000 for the state fiscal year.

Data Limitations: Access to data depends on the availability of data from identified state and federal agencies.

Calculation Type: Non-cumulative.

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   04 - 03 – 02

Strategy: 04-02-01 Community Health Services

Efficiency: 01 Average cost per COPC eligible patients provided access to primary care services per year

Short Definition: Average cost per COPC eligible patient provided access to primary care services per year is calculated by dividing the unduplicated number of patients who are screened and found eligible for PHC services into the available contract funding for the fiscal year. The cost includes service and administrative dollars spent by PHC contractors.

Purpose/Importance: Measures average cost per COPC eligible patients provided access to primary care services per year.

Source/Collection of Data: The source of this measure is the contractor quarterly and annual reports.

Method of Calculation: Average cost per COPC eligible patient provided access to primary care services per year is calculated by dividing the unduplicated number of patients who are screened and found eligible for PHC services into the available contract funding for the fiscal year.

Data Limitations: Quarterly estimates are based on the proportion that the same quarter of the previous fiscal year contributed to the entire closed out fiscal year.

Calculation Type: Lower than target

New Measure: No

Desired Performance: lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   04 - 03 - 01   EF 01

Efficiency: 02 Average cost per minority health initiative

Short Definition: This measure is defined as the total Office of Minority Health budget divided by the number of initiatives developed. An initiative is defined as efforts by TDH central office and regional staff that affect minority and disadvantaged populations, improve health status, or preserve the public health throughout the state.

Purpose/Importance: Measures the average cost per minority health initiative.

Source/Collection of Data: TDH operating budget

Method of Calculation: This measure is defined as the total Office of Minority Health budget divided by the number of initiatives developed.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   04 - 03 - 01   EF 02

Output: 01 Number of COPC eligible patients provided access to primary care services

Short Definition: The number of COPC primary health care eligible indigent patients provided access to primary care services is an unduplicated number of patients who are screened and found eligible for PHC services.

Purpose/Importance: Measures the number of COPC eligible patients provided access to primary care services.

Source/Collection of Data: The source of this measure is the contractor quarterly and annual reports.

Method of Calculation: The number of COPC primary health care eligible indigent patients provided access to primary care services is an unduplicated number of patients who are screened and found eligible for PHC services. Quarterly estimates are based on the proportion that the same quarter of the previous fiscal year contributed to the entire closed out fiscal year.

Data Limitations: None

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   04 - 03 - 01   OP 01

Output: 02 Number of Minority Health Initiatives Implemented

Short Definition: Efforts by TDH central office and regional staff that affect minority and disadvantaged populations, improve health status, or preserve the public health throughout the state will be considered as initiatives.

Purpose/Importance: Measures the number of Minority Health Initiatives implemented.

Source/Collection of Data: These initiatives will be identified in periodic reports submitted by regional minority health coordinators.

Method of Calculation: The count of initiatives is cumulative for the year.

Data Limitations: None

Calculation Type: Cumulative

New Measure: No

Cross Reference to Prior Biennium: AGY 501 076 - R   04 - 03 - 01   OP 02

Strategy: 04-02-02 Rural Health Care Access

Efficiency: 01 Average cost per primary care practitioner recruited

Short Definition: This number reflects the average expense for each primary care practitioner (i.e., physician, physician assistant, advanced nurse practitioner (ANP), and certified nurse midwife) recruited through the Center for Rural Health Initiative (CRHI) recruitment programs.

Purpose/Importance: This number reflects the average expense for each primary care practitioner (i.e., physician, physician assistant, advanced nurse practitioner (ANP), and certified nurse midwife) recruited through the Center for Rural Health Initiative (CRHI) recruitment programs. The recruitment programs include Recruitment and Retention, Medically Underserved Community State Matching Incentive, HealthFind, Physician Assistant Loan Reimbursement, Outstanding Rural Scholar, Community State Scholarship, and Texas Health Services Corps.

Source/Collection of Data: The data sources for this measure are the recruitment programs. Data are manually collected and recorded.

Method of Calculation: The calculation for the average cost is the total number of primary care practitioners recruited divided by the total dollars expended by the CRHI recruitment programs during a given period of the state fiscal year.

Data Limitations: None

Calculation Method: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   04 - 03 - 02   EF 01

Output: 01 Number of primary care practitioners recruited to rural communities

Short Definition: This measure reflects the total number of primary care practitioners (i.e., physicians, physician assistants, advanced nurse practitioners (ANP), and certified nurse midwives) recruited through the Center for Rural Health Initiatives (CRHI) recruitment programs, which link rural communities interested in recruiting a practitioner with primary care practitioners interested in a rural practice.

Purpose/Importance: This measure reflects the total number of primary care practitioners (i.e., physicians, physician assistants, advanced nurse practitioners (ANP), and certified nurse midwives) recruited through the Center for Rural Health Initiatives (CRHI) recruitment programs, which link rural communities interested in recruiting a practitioner with primary care practitioners interested in a rural practice. The recruitment programs include Recruitment and Retention, Medically Underserved Community State Matching Incentive, HealthFind, Physician Assistant Loan Reimbursement, Outstanding Rural Scholar, Community State Scholarship, and Texas Health Services Corps.

Source/Collection Of Data: The data sources for this measure are the recruitment programs. Data are manually collected and recorded.

Method Of Calculation: The calculation for this measure is the total number of primary care practitioners recruited to communities in 196 rural (non-metropolitan) counties in Texas during a given period of the state fiscal year.

Data Limitations: None

Calculation Method: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   04 - 03 - 02   OP 01

Output: 02 Number of students who have received forgiveness loans, grants, and scholarships

Short Definition: This number reflects the total number of students who have received loan forgiveness, grants, and scholarships for joint state and local financial support for educational expenses while in school to become primary care practitioners (i.e., physicians, physician assistants, advanced nurse practitioners (ANP), and certified nurse midwives), in return for promises to provide health care services in the sponsoring rural community upon licensure or certification.

Purpose/Importance: This number reflects the total number of students who have received loan forgiveness, grants, and scholarships for joint state and local financial support for educational expenses while in school to become primary care practitioners (i.e., physicians, physician assistants, advanced nurse practitioners (ANP), and certified nurse midwives), in return for promises to provide health care services in the sponsoring rural community upon licensure or certification. The sponsored student must provide one year of primary care practice in a rural community for each year of financial sponsorship. Programs at the Center for Rural Health Initiatives (CRHI) providing financial support are the Outstanding Rural Scholar Program, and Community State Scholarship Program, and the Texas Health Service Corps.

Source/Collection Of Data: Data sources for this measure are these programs' records. Data are manually collected and recorded.

Method Of Calculation: The calculation for this measure is adding up the number of students receiving loans, grants and scholarships for a given period of the state fiscal year.

Data Limitations: None

Calculation Method: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   04 - 03 - 02   OP 02

Output: 03 Number of loan reimbursements made to rural physician assistants

Short Definition: This reflects the number of loan reimbursements made to practicing physician assistants who meet the legislatively-mandated program requirements for eligibility, and who have received funds to help retire an educational debt incurred while in school. Reimbursement funds are generated through licensure fees paid by physician assistants and collected by the Texas State Board of Physician Assistant Examiners at the Texas State Board of Medical Examiners.

Purpose/Importance: This reflects the number of loan reimbursements made to practicing physician assistants who meet the legislatively-mandated program requirements for eligibility, and who have received funds to help retire an educational debt incurred while in school.

Source/Collection Of Data: The Physician Assistant Reimbursement Program at the Center for Rural Health Initiatives (CRHI) tracks loan reimbursements made to practicing physician assistants. The data source for this measure is the Physician Assistant Reimbursement Program. Data are manually collected and recorded.

Method of Calculation: The calculation for this measure is adding up the number of loan reimbursements made to physician assistants for a given period of the state fiscal year.

Data Limitations: None

Calculation Method: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   04 - 03 - 02   OP 03